

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.

Full Name (Last, First, Middle Initial)

SESSIONS, PETE

Mailing Address PO BOX 38585

City  
DALLAS

State  
TX

Zip Code  
74238

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 32

Transaction ID: SB23.21180

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

SPACE, ZACHARY T

Mailing Address 4 PARKVIEW DRIVE

City  
DOVER

State  
OH

Zip Code  
44622

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 18

Transaction ID: SB23.21188

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

THOMPSON, MIKE MR.

Mailing Address Post Office Box 10541

City  
Napa

State  
CA

Zip Code  
94581

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 01

Transaction ID: SB23.21178

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

18000.00